

Intervention: Patient reminders

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input checked="" type="checkbox"/> Local public health departments |
| <input checked="" type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

This strategy involves delivering reminders to patients that they are due for a specific preventive service, such as a follow-up appointment, or a reminder that they are overdue for that service. Reminders take the form of personalized or generic mailed letters, telephone calls, and/or a combination of these strategies. Patient reminders can be used for a range of health risks in a range of populations.

Findings from the systematic reviews:

Patient reminders were effective at increasing screening rates for adults in a range of settings and populations, when applied in individual practice settings or in entire communities. Reminders were effective used alone or as part of a multi-component intervention.

Mailed and telephone reminder systems were found to improve the rates of delivery of clinical preventive services because they remind patients to receive services at appropriate intervals. Personalized or tailored reminder letters sent to patients were found to be more effective at increasing screening rates than generic reminder letters.

A combination of letter reminders and telephone reminders was found to achieve better screening rates than either of these interventions alone, although interventions that oversaturate patients with messages were shown to be ineffective at increasing screening.

Limitations/Comments:

Studies of patient reminder systems to increase screening were conducted among women and primarily focused on colorectal, breast, and cervical cancer screening. Although there was some variability in the study populations, most of the studies were conducted with non-Hispanic white populations. Determining the effectiveness of interventions across different races or socioeconomic groups requires further exploration. In addition, many of these interventions were conducted in research hospitals, although there was evidence to show effectiveness in other settings.

References:

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